Form D

## IN THE UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF WASHINGTON

J E FM, Plaintiff	)	Case No: 2:14-cv-01026-TSZ
v. ERIC H. HOLDER, Defendant	)	
	)	

## NOTIFICATION OF REQUEST FOR VIDEO RECORDING

The parties in this case are hereby notified that a request has been made to video record the following proceeding in this case under the Judicial Conference Committee on Court Administration and Case Management Guidelines for the Cameras Pilot Project in the District Courts (see <a href="https://www.wawd.uscourts.gov/courtservices/camerasindex.htm">www.wawd.uscourts.gov/courtservices/camerasindex.htm</a>).

Description of Proceeding: Motion Hearing

Date and time of scheduled proceeding: 9/3/2014 at 9:00 a.m.

Parties should complete the attached form, PARTY RESPONSE TO REQUEST FOR VIDEO RECORDING, and return it to the court before September 2, 2014.

August 28, 2014
Date

/s/ Gail Glass
Deputy Clerk

Form E

## IN THE UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF WASHINGTON

J E FM, Plaintiff	) Case No: 2:14-cv-01026-TSZ
V.	)
ERIC H. HOLDER, Defendant	)
PARTY RESPONSE TO REQ	UEST FOR VIDEO RECORDING
A request has been made for the following proceeding Committee on Court Administration and Case Manag District Courts (available at www.wawd.uscourts.gov	g to be video recorded, under the Judicial Conference gement Guidelines for the Cameras Pilot Project in the v/courtservices/camerasindex.htm).
Description of Proceeding: Motion Hearing	
Date of scheduled proceeding: 9/3/2014	
Check the appropriate boxe(es) below and on the nex of some or all of this proceeding:	t page to indicate whether you consent to the recording
[ ] I consent to the recording of this entire pr	roceeding.

## Case 2:14-cv-01026-TSZ Document 69 Filed 08/28/14 Page 3 of 3 [ ] I consent to the recording of some, but not all, of this entire proceeding. Explain the specific parts of the proceeding for which you do not consent to recording, and your reasons: Part of Proceeding Reason Not to Video Record [ ] I consent to the recording of this proceeding. The following witnesses have expressed a preference not to be recorded, for the reasons indicated. Name the specific witnesses for whom you do not consent to recording, and explain your reasons: Witness Name Reason Not to Video Record [ ] I do not consent to the recording of any of this proceeding. Explain your reasons for not consenting:

I submit and sign this form on behalf of the party I represent and the witnesses I may call.

Signature:

Name (please print):

Position (e.g., attorney of record):

Date: \_\_\_\_\_

After completing this form, please e-mail it to: gail\_glass@wawd.uscourts.gov.

Do NOT file this form electronically with the Court.